

Western Massachusetts Hospital

Prices Posted and Effective January 1, 2021

Charge Description	CPT	Fee Type	Gross Charge	Discounted Cash Price	Payer-Specified Negotiated Charge	De-Identified Minimum	De-Identified Maximum
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Spinal fusion except cervical without major comorbid conditions or complications (MCC)	460	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	743	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of one or more breast growth, open procedure	19120	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Shaving of shoulder bone using an endoscope	29826	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of one knee cartilage using an endoscope	29881	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of tonsils and adenoid glands patient younger than age 12	42820	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	43235	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	43235	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Diagnostic examination of large bowel using an endoscope	45378	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Diagnostic examination of large bowel using an endoscope	45378	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Biopsy of large bowel using an endoscope	45380	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Biopsy of large bowel using an endoscope	45380	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of polyps or growths of large bowel using an endoscope	45385	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of polyps or growths of large bowel using an endoscope	45385	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Ultrasound examination of lower large bowel using an endoscope	45391	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of gallbladder using an endoscope	47562	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Repair of groin hernia patient age 5 years or older	49505	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered

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Biopsy of prostate gland	55700	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Routine obstetric care for vaginal delivery, including pre and post delivery care	59400	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Routine obstetric care for cesarean delivery, including pre and post delivery care	59510	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Routine obstetric care for vaginal delivery after prior cesarean delivery, including pre and post delivery care	59610	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of recurring cataract in lens capsule using laser	66821	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Removal of cataract with insertion of lens	66984	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
CT scan, head or brain, without contrast	70450	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
CT scan, head or brain, without contrast	70450	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
MRI scan of brain before and after contrast	70553	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
X-Ray, lower back, minimum four views	72110	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
MRI scan of lower spinal canal	72148	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
CT scan, pelvis, with contrast	72193	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
CT scan, pelvis, with contrast	72193	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
MRI scan of leg joint	73721	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
CT scan of abdomen and pelvis with contrast	74177	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
CT scan of abdomen and pelvis with contrast	74177	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Ultrasound of abdomen	76700	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Ultrasound pelvis through vagina	76830	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Mammography of one breast	77065	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered

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Mammography of one breast	77065	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Mammography of both breasts	77066	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Mammography of both breasts	77066	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Mammography, screening bilateral	77067	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Mammography, screening bilateral	77067	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Basic metabolic panel	80048	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Blood test, comprehensive group of blood chemicals	80053	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Obstetric blood panel test	80055	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Blood test, lipids (cholesterol and triglycerides)	80061	Technical	Cost	Cost	Cost	Cost	Cost
Kidney function panel test	80069	Technical	Cost	Cost	Cost	Cost	Cost
Liver function blood test panel	80076	Technical	Cost	Cost	Cost	Cost	Cost
Manual urinalysis test with examination using microscope	81000	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Manual urinalysis test with examination using microscope	81001	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Automated urinalysis test	81002	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Automated urinalysis test	81003	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
PSA (prostate specific antigen)	84153	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
PSA (prostate specific antigen)	84154	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Blood test, thyroid stimulating hormone (TSH)	84443	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Complete blood cell count, with differential white blood cells, automated	85025	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Complete blood count, automated	85027	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Blood test, clotting time	85610	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost

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Coagulation assessment blood test	85730	Technical	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost	Purchased Services Offered at Cost
Psychotherapy, 30 min	90832	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Psychotherapy, 45 min	90834	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Psychotherapy, 60 min	90837	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Family Psychotherapy, not including patient, 50 min	90846	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Family Psychotherapy, including patient, 50 min	90847	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Group Psychotherapy	90853	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Electrocardiogram, routine with interpretation and report	93000	Technical	\$83.00	\$83.00	\$83.00	\$83.00	\$83.00
Insertion of catheter into left heart for diagnosis	93452	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Sleep study	95810	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Physical therapy, therapeutic exercise	97110	Technical	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00
New Patient office or other outpatient visit, typically 30 min	99203	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
New Patient office or other outpatient visit, typically 45 min	99204	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
New Patient office or other outpatient visit, typically 60 min	99205	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Patient office consultation, typically 40 min	99243	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Patient office consultation, typically 60 min	99244	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Initial new patient preventative medicine evaluation (18-39 years)	99385	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered
Initial new patient preventative medicine evaluation (40-64 years)	99386	N/A	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered	Service Not Offered